County of Los Angeles - Department of Mental Health



PRELICENSURE TRAINING APPLICATION FORM

Please Print or Type

Instructions

Each training is assigned a unique Course ID number which can be found on the upper right corner of the bulletin page. This number must be used when completing this form. Each individual must complete a separate copy of this form for each he/she wishes to attend.

Each applicant must also provide a unique identifying number. For county employees, this is the County Employee Number. All other applicants must provide their first and last initial and the last four (4) digits of their Social Security Number. If the correct

information is not provided, the Training and Cultural Competency Bureau will not be responsible for record keeping, and no certificate of attendance will be issued.				
Training Title				
Training ID (found on upper right corner of bulletin page)			Date(s)	
County Employee Number (non-County employees supply the last four digits of the SSN)				
		Indicate if CalWORKs Provider ☐ Yes ☐ No		
Program, Service or Agency		Contract Provider Reporting Unit Number		
Job Title				
Work Address				
City			Zip Code	
Work Telephone	Fax			
Registration Number as Appears With the Regulatory agency (BBSC, Board of Psychology)	Social Work		MFT	PhD. PsyD.
Expected Completion Date of the Following Exams:	Written		Oral	Other
Supervisor's Signature (Required in order to complete application)		I am Applying for above training with the understanding that I must comply with the Bureau's guidelines specified in the General Information Section.		
Print Name		Applicant's Signature (Required)		
Phone #		e ·	. 14	
Training and Cultural Competency Bureau Department of Mental Health – County of Los Angeles 550 S. Vermont Ave., 6 th Floor Rm. 605 (When faxing, there is no need to use a cover sheet) FAX # (213) 351-2026				

Los Angeles, CA 90020